MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/857307

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		\						52						
3		\						53						
4		\						54						
5		\						55						
6		\						56						
7		\						57						
8		\						58						
9		\						59						
10		\						60						
11	1							61						
12								62						
13								63						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	9							TOTAL DEP.						
TOTAL CLAIMS	11							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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